

Important Please Read!

**This report can now be filled out and submitted online!
Simply fill out this PDF fill-in form and submit it by clicking the submit button at the
end of the document.**

**If you desire you may also fill the form out (manually or electronically) print it and
mail it to the address listed on the form.**

Thank you.



REQUEST FORM

**Materials Bureau
Quality Control Section
P.O. Box 201001
Helena, Montana 59620-1001**

Submitted By	Name:			
	Company Name:			
	Address:			
	Address:			
	City:	State:	Zip code:	
	Phone:	Fax:		
	e-mail:			
Product	MDT item number and name:			
	Brand Product Name:			
	Brand Product Description:			
	Intended uses:			
	Date Product First Introduced to Market:			
	Meets Specifications (Check all that apply)	<input type="checkbox"/> ASTM(please specify):		
		<input type="checkbox"/> AASHTO(please specify):		
		<input type="checkbox"/> MDT(please specify):		
		<input type="checkbox"/> Other(please specify):		
	Other States in use or Testing	State:	Contact:	Phone:
		State:	Contact:	Phone:
		State:	Contact:	Phone:
	Materials Enclosed (Check all that apply)	<input type="checkbox"/> Physical Sample		
		<input type="checkbox"/> Photographs		
<input type="checkbox"/> Product Technical Data Sheet				
<input type="checkbox"/> Material safety Data Sheet				
<input type="checkbox"/> NTPEP Test report				
<input type="checkbox"/> State or Federal Agency Test Reports				
<input type="checkbox"/> Independent Laboratory Test Reports				
<input type="checkbox"/> Other(please specify):				
<input type="checkbox"/> QC plan for product				
Manufacturer	Company Name:			
	Address:			
	Address:			
	City:	State:	Zip code:	
	Phone:	Fax:	e-mail:	
MDT Use Only				
Referred to	<input type="checkbox"/> Chemistry section		<input type="checkbox"/> Bituminous section	
	<input type="checkbox"/> Concrete/Aggregate section		<input type="checkbox"/> Other:	
Received By:		Date:		